Case 15-04200-jw Doc 1 Filed 08/06/15 Entered 08/06/15 17:46:06 Desc Main Document Page 1 of 58

United States Bankruptcy Court District of South Carolina						Volunta	ry Petition					
	ebtor (if ind lary Franc		er Last, First,	Middle):			Name	of Joint De	ebtor (Spouse) (Last, First	t, Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): AKA Mary D. Butler; AKA Mary F. Butler							used by the J maiden, and		in the last 8 years			
Last four dia	cita of Coo	Coo on Indi	vidual-Taxpa	over ID. (ITINI)/Com	plata EIN	Logt f	our digita o	f Coo Coo or	Individual '	Toynovor I.D. (ITIN) No./Complete EIN
(if more than one	e, state all)	Sec. of filal	viduai- i axpa	iyei i.D. (111N)/Com	piete EIN	(if more	than one, state	all)	marviduai-	Taxpayer I.D. (TTIN) No./Complete EIN
Street Addre		:	Street, City, a	and State)	:		Street	Address of	Joint Debtor	(No. and St	reet, City, and State):
					Γ:	ZIP Code 29841	e					ZIP Code
County of R Aiken	esidence or	of the Princ	cipal Place o	f Business		20011	Count	y of Reside	ence or of the	Principal Pl	ace of Business:	'
Mailing Add	dress of Deb	otor (if diffe	rent from str	eet addres	s):		Mailir	ng Address	of Joint Debt	or (if differe	ent from street addre	ss):
						ZIP Code	e					ZIP Code
Location of (if different	Location of Principal Assets of Business Debtor (if different from street address above):											
(Form		f Debtor	one box)			of Busines	s				ptcy Code Under Villed (Check one box	
(Form of Organization) (Check one box) Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. □ Corporation (includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) (Check one box) □ Health Care Business □ Single Asset Real Estate as d in 11 U.S.C. § 101 (51B) □ Railroad □ Stockbroker □ Commodity Broker □ Clearing Bank				s defined	☐ Chapt ☐ Chapt ☐ Chapt ☐ Chapt ☐ Chapt ☐ Chapt	er 7 er 9 er 11 er 12	☐ C of ☐ C	hapter 15 Petition for f a Foreign Main Pro- hapter 15 Petition for f a Foreign Nonmain	or Recognition occeding or Recognition			
Country of de	-	15 Debtors	easta.	Othe		mpt Entity	v	-			e of Debts k one box)	
Each country by, regarding	in which a fo	oreign procee	ding	unde		, if applicable applicable application in the United States	le) ization States	defined	are primarily condinated in 11 U.S.C. § ared by an individual, family, or	101(8) as dual primarily	by for	bebts are primarily usiness debts.
		•	neck one box	x)			one box:		-	ter 11 Debt		
	e to be paid ir	n installments	(applicable to			Check	Debtor is not if:	a small busi	ness debtor as d	lefined in 11 l	C. § 101(51D). U.S.C. § 101(51D).	
debtor is a Form 3A.		fee except in	installments.	Rule 1006(b). See Offic		are less than	\$2,490,925 (cluding debts owed to t on 4/01/16 and every	three years thereafter).
			ble to chapter art's considerat			ist 🔲		ng filed with of the plan w		repetition from	n one or more classes of	of creditors,
Statistical/A Debtor e			ation be available	for distri	bution to u	nsecured ci	reditors.		• ()	THIS	S SPACE IS FOR COU	IRT USE ONLY
			exempt prop for distribut				tive expense	es paid,				
Estimated N	umber of C	reditors										
1- 49	50- 99	100- 199		1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000			
Estimated A \$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion			
Estimated Li \$0 to \$50,000	iabilities	\$100,001 to \$500,000	\$500,001	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion				

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B1 (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Butler, Mary Frances (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Date Filed: Location Where Filed: - None -Date Filed: Location Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. /s/ F. Lee O'Steen August 6, 2015 Signature of Attorney for Debtor(s) (Date) F. Lee O'Steen Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

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B1 (Official Form 1)(04/13) Page 3

Page 3 of 58 Document Name of Debtor(s): Voluntary Petition Butler, Mary Frances (This page must be completed and filed in every case) Signatures Signature(s) of Debtor(s) (Individual/Joint) Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this I declare under penalty of perjury that the information provided in this petition petition is true and correct. is true and correct, that I am the foreign representative of a debtor in a foreign If petitioner is an individual whose debts are primarily consumer debts and proceeding, and that I am authorized to file this petition. has chosen to file under chapter 7] I am aware that I may proceed under (Check only one box.) chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief ☐ I request relief in accordance with chapter 15 of title 11. United States Code. available under each such chapter, and choose to proceed under chapter 7. Certified copies of the documents required by 11 U.S.C. §1515 are attached. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b). ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting I request relief in accordance with the chapter of title 11, United States Code, recognition of the foreign main proceeding is attached. specified in this petition. X /s/ Mary Frances Butler Signature of Foreign Representative Signature of Debtor Mary Frances Butler Printed Name of Foreign Representative Signature of Joint Debtor Date Telephone Number (If not represented by attorney) Signature of Non-Attorney Bankruptcy Petition Preparer August 6, 2015 I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for Date compensation and have provided the debtor with a copy of this document Signature of Attorney* and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice X /s/ F. Lee O'Steen Signature of Attorney for Debtor(s) of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. F. Lee O'Steen 08032 Official Form 19 is attached. Printed Name of Attorney for Debtor(s) O'Steen Law Firm, LLC Printed Name and title, if any, of Bankruptcy Petition Preparer Firm Name P.O. Box 36534 Rock Hill, SC 29732 Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.) Address Email: lee@osteenlawfirm.com (803) 327-5300 Fax: (803) 327-5250 Telephone Number August 6, 2015 Address Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. Date Signature of Debtor (Corporation/Partnership) Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above. I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition Names and Social-Security numbers of all other individuals who prepared or on behalf of the debtor. assisted in preparing this document unless the bankruptcy petition preparer is The debtor requests relief in accordance with the chapter of title 11, United not an individual: States Code, specified in this petition.

Signature of Authorized Individual Printed Name of Authorized Individual Title of Authorized Individual

Date

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court District of South Carolina

		District of South Caronna		
In re	Mary Frances Butler		Case No.	
		Debtor(s)	Chapter	13

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

□ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

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B 1D (Official Form 1, Exhibit D) (12/09) - Cont.	Page 2					
□ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or ment deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); □ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); □ Active military duty in a military combat zone. □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling						
requirement of 11 U.S.C. § 109(h) does not apply in						
I certify under penalty of perjury that the information provided above is true and correct.						
Signature of Debtor:	/s/ Mary Frances Butler Mary Frances Butler					
Date: August 6, 2015						

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B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court District of South Carolina

In re	Mary Frances Butler		Case No.	
_		Debtor		
			Chapter	13
			•	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	3	123,413.00		
B - Personal Property	Yes	4	23,104.32		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		67,273.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5		39,841.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			3,401.69
J - Current Expenditures of Individual Debtor(s)	Yes	2			2,118.09
Total Number of Sheets of ALL Schedules		22			
	T	otal Assets	146,517.32		
			Total Liabilities	107,114.00	

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B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court District of South Carolina

In re	Mary Frances Butler		Case No.	
-	<u> </u>	Debtor		
			Chapter	13

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 12)	3,401.69
Average Expenses (from Schedule J, Line 22)	2,118.09
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	4,567.72

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		10,189.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		39,841.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		50,030.00

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B6A (Official Form	6A) (12/07)
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In re	Mary Frances Butler	Case No.	
-		Debtor	

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

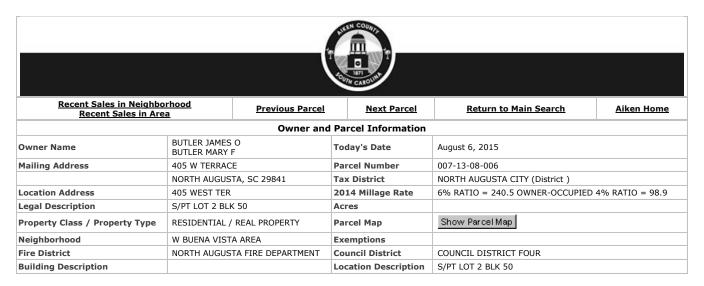
Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
405 West Terrace, North Augusta, SC 29841, Aiken County Tax map #007-13-08-006 Tax value \$46,232.00 Inherited in 2009	Fee simple	-	46,232.00	19,320.00
26 acres, Woodyard Road, Edgefiled County SC Tax map # 172-00-02-014-000 Tax value \$77,181.00 Inherited in 2008 Trailer is on property - does not belong to debtor.	Fee simple	-	77,181.00	0.00

Sub-Total > 123,413.00 (Total of this page)

123,413.00 Total >



	Certified 2014 Tax Year Value Information*					
Land Value	Land Value Improvement Value Miscellaneous Value Total Appraised Value					
\$ 15,000	\$ 31,232	0	\$ 46,232			

Land Information						
Land Type	Zoning	Units	Unit Type	Appraised Value	Market Value	
Legal Residence 4%		1	LT	\$ 15,000	\$ 15,000	

Residential Building Information						
Type Style Units Total Area Heated Area Sq Ft Sq Ft					Exterior Walls	Year Built
Single-family Residence	e-family Residence One Story		893	893	Frame, Siding, Metal	1952
Flooring	Roof Cover	Number Fireplaces	Heating Type	Rooms/Bedrooms/Bathrooms	Garage Area	Market Value
Automatic Floor Cover Allowance	Composition Shingle	1	Warmed & Cooled Air	N/A	0	\$ 42,386

	Miscellaneous Improvement Information
ľ	No miscellaneous information available for this parcel.

Sale Information						
Sale Date Sale Price Deed Book Deed Page Grantor Grantee						
No Sales Information available for this parcel						

Recent Sales in Neighborhood Recent Sales in Area	<u>Previous Parcel</u>	Next Parcel	Return to Main Search Page	Aiken Home

The Aiken County Assessor's Office makes every effort to produce the most accurate information possible. No warranties expressed or implied are provided for the data herein, its' use or interpretation. Certified Value Information* is from the last certified tax roll information, all other assessment information and values are current working information and is subject to change before the next certified tax roll. Website Updated: August 3, 2015

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Edgefield County, SC Office of the Treasurers Case 15-04200-jw Doc 1 Filed 08/06/15 Entered 08/06/15 17:46:06 Desc Main Document Page 10 of 58

Owner Information

Tax Map No.:

172-00-02-014-000

Owner Name: BUTLER MARY FRANCES
Address: 405 WEST TER
City, State, Zip: NORTH AUGUSTA, SC 29841

Property Information

Fire Code:

Property Legal

Physical Address: Land Use: AG Value: District Code: Town Code:

AG 5588 1 U TR Description: Extra Description:

Assessment Information

	Class Code	Total Lots	Total Acres	Number of Buildings	Land FMV	Land Assessment	Improvement FMV	Improvement Assessment	Total Assessment
Class 1	AG	0	24.33	0	5588	230	0	0	230
Class 2	MV	0	0.00	0	74134	0	0	0	0
Class 3	RG	0	1.00	0	3047	180	0	0	180
Class 4		0	0.00	0	0	0	0	0	0
Class 5		0	0.00	0	0	0	0	0	0
Totals		0	25.33	0	77181	410	0	0	410

Sales History

Sale Date	Consideration	Deed Book	Plat Book	Buyer	Seller
2009-10-08	1	1257- 193	31- 129	BUTLER MARY FRANCES	BUTLER JAMES OWENS &
1990-07-11	0	-	-	BUTLER JAMES OWENS &	BUTLER LENORA OWENS

Building	Information

Improvements:

0 Garbage Fees:

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B6B (Official Form	6B) (12/07)	
36B (Official Form	6B) (12/07)	

In re	Mary Frances Butler	Case No.
-		Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

				· /
	Type of Property	N O N Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand	Cash	-	100.00
2.	Checking, savings or other financial accounts, certificates of deposit, or	First Citizens Bank Checking account 4909	-	2,515.50
	shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	University Health Federal Credit Union Savings account 1948	-	5.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X		
4.	Household goods and furnishings, including audio, video, and computer equipment.	Household goods	-	1,900.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X		
6.	Wearing apparel.	Clothing	-	400.00
7.	Furs and jewelry.	Jewelry	-	400.00
8.	Firearms and sports, photographic, and other hobby equipment.	X		
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	Jackson National Life Whole life insurance	-	4,908.82
10	Annuities. Itemize and name each issuer.	X		
			Sub-Tota (Total of this page)	al > 10,229.32

³ continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

In	n re Mary Frances Butler		· · · · · · · · · · · · · · · · · · ·	ase No.	
			Debtor		
		SCHEDU	LE B - PERSONAL PROPER (Continuation Sheet)	$\Gamma \mathbf{Y}$	
	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	401K		-	275.00
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14.	Interests in partnerships or joint ventures. Itemize.	Χ			
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	Χ			
16.	Accounts receivable.	Χ			
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18.	Other liquidated debts owed to debte including tax refunds. Give particular				
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
				Sub-Tota	al > 275.00

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

(Total of this page)

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B6B (Official Form 6B) (12/07) - Cont.

In re	Mary Frances Butler	Case No.	_
_		 ,	

Debtor

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	Type of Property	N O Description and Location of E	Husband Wife, Joint, or Communit	Debtor's Interest in Property without Deducting any
22.	Patents, copyrights, and other intellectual property. Give particulars.	X		
23.	Licenses, franchises, and other general intangibles. Give particulars.	X		
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X		
25.	Automobiles, trucks, trailers, and other vehicles and accessories.	2011 Toyota Corolla Sedan Vin 2T1BU4EE5BC591847 Mileage 37,000	-	12,600.00
		2014 Toyota Corolla Sedan Vin 2T1BURHEXEC026085 Mileage 15,600 Debtor co-signed on loan	-	0.00
		2013 Toyota Corolla Sedan Vin 5YFBU4EE2DP182224 Mileage 23,500 Debtor co-signed on loan	-	0.00
26.	Boats, motors, and accessories.	X		
27.	Aircraft and accessories.	X		
28.	Office equipment, furnishings, and supplies.	X		
29.	Machinery, fixtures, equipment, and supplies used in business.	X		
30.	Inventory.	X		
31.	Animals.	X		
32.	Crops - growing or harvested. Give particulars.	X		
33.	Farming equipment and implements.	X		
			Sub-T (Total of this page	

Sheet 2 of 3 continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

In re	Mary Frances Butler	Case No.
_		Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
34. Farm supplies, chemicals, and feed.	Х			
35. Other personal property of any kind not already listed. Itemize.	X			

 $\begin{array}{ccc} \hline Sub\text{-Total} > & 0.00 \\ (Total of this page) & \\ Total > & 23,104.32 \\ \hline \end{array}$

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B6C (Official Form 6C) (4/13)

In re	Mary Frances Butler	Case No.	
		7	

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:	☐ Check if debtor claims a homestead exemption that exceeds
(Check one box)	\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafted
□ 11 U.S.C. §522(b)(2)	with respect to cases commenced on or after the date of adjustment.)
11 II S C 8522(b)(3)	

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property 405 West Terrace, North Augusta, SC 29841, Aiken County Tax map #007-13-08-006 Tax value \$46,232.00 Inherited in 2009	S.C. Code Ann. § 15-41-30(A)(1)	52,400.00	46,232.00
Cash on Hand Cash	S.C. Code Ann. § 15-41-30(A)(7) Homestead exemption	100.00	100.00
Checking, Savings, or Other Financial Accounts, Cert First Citizens Bank Checking account 4909	ificates of Deposit S.C. Code Ann. § 15-41-30(A)(7) Homestead exemption	2,515.50	2,515.50
University Health Federal Credit Union Savings account 1948	S.C. Code Ann. § 15-41-30(A)(7) Homestead exemption	5.00	5.00
Household Goods and Furnishings Household goods	S.C. Code Ann. § 15-41-30(A)(3)	1,900.00	1,900.00
Wearing Apparel Clothing	S.C. Code Ann. § 15-41-30(A)(3)	400.00	400.00
Furs and Jewelry Jewelry	S.C. Code Ann. § 15-41-30(A)(4)	400.00	400.00
Interests in Insurance Policies Jackson National Life Whole life insurance	S.C. Code Ann. § 38-65-90	4,908.82	4,908.82
Interests in IRA, ERISA, Keogh, or Other Pension or F401K	Profit Sharing Plans 11 U.S.C. § 522(b)(3)(C)	275.00	275.00
Automobiles, Trucks, Trailers, and Other Vehicles 2011 Toyota Corolla Sedan Vin 2T1BU4EE5BC591847 Mileage 37,000	S.C. Code Ann. § 15-41-30(A)(2)	5,825.00	12,600.00

Total:	68 729 32	69 336 32

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R6D	(Official	Form	6D)	(12/07)

In re	Mary Frances Butler	Case No.	
		Debtor	

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR		sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN	lι	S P U T E	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxxxxxxx2363			Opened 11/01/13 Last Active 6/22/15	Т	T E D			
Southeast Toyota Finance PO Box 70832 Charlotte, NC 28272	x	-	Lien on Title 2014 Toyota Corolla Sedan Vin 2T1BURHEXEC026085 Mileage 15,600 Debtor co-signed on loan					
			Value \$ 16,200.00				22,032.00	5,832.00
Account No. xxxxxxxxxx6911	1		Opened 5/01/13 Last Active 5/29/15					
Southeast Toyota Finance PO Box 70832 Charlotte, NC 28272	X	-	Lien on Title 2013 Toyota Corolla Sedan Vin 5YFBU4EE2DP182224 Mileage 23,500 Debtor co-signed on loan					
			Value \$ 14,275.00				14,392.00	117.00
Account No. xxxxxxxxxxx6447 Southeast Toyota Finance			Opened 4/01/11 Last Active 5/15/15 Lien on Title					
PO Box 70832 Charlotte, NC 28272		-	2011 Toyota Corolla Sedan Vin 2T1BU4EE5BC591847 Mileage 37,000					
			Value \$ 12,600.00				7,289.00	0.00
Account No. xxxxxxxxxxx1269	1		Opened 8/01/14 Last Active 6/01/15					
Springleaf Financial 2406 Whiskey Rd Aiken, SC 29803		-	Non-Purchase Money Security Household goods					
			Value \$ 1,900.00	1			4,240.00	4,240.00
continuation sheets attached		•	(Total of	Subt			47,953.00	10,189.00

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B6D (Official Form 6D) (12/07) - Cont.

In re	Mary Frances Butler		Case No.	
		Debtor	•>	

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

	l c	ш.	sband, Wife, Joint, or Community		С	U	ы	AMOUNT OF	
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R		DATE CLAIM V NATURE O DESCRIPTION OF PR	WAS INCURRED, F LIEN, AND N AND VALUE OPERTY I TO LIEN	CONTINGEN	UNLIQUIDA	S P U T E	CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxxxxxx7727	_		Opened 4/01/03 Las Mortgage	t Active 6/30/15	T	D A T E D			
Suntrust Mortgage Attn:Bankruptcy Dept Po Box 85092 Mc Va-Wmrk-7952 Richmond, VA 23286		-	405 West Terrace, No 29841, Aiken County Tax map #007-13-08- Tax value \$46,232.00 Inherited in 2009	006					
	_	_	Value \$	46,232.00	-		Н	19,320.00	0.00
Account No.									
			Value \$		1				
Account No.									
			Value \$		\dashv				
Account No.			value						
					4				
Account No.	+	H	Value \$		+		H		
Account No.			Value \$						
Sheet $\underline{1}$ of $\underline{1}$ continuation sheets a	tto ab -	<u> </u>			Sub	L tota	ıl		
Schedule of Creditors Holding Secured Cla		u l()	(Total of				19,320.00	0.00
Ç			(R	eport on Summary of S		ota lule		67,273.00	10,189.00
			`						

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B6E (Official Form 6E) (4/13)

•			
In re	Mary Frances Butler	Case No.	
-	·	Debtor	

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to

priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily co total also on the Statistical Summary of Certain Liabilities and Related Data.	nsumer debts report this
Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.	
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)	
Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardi of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)	
☐ Extensions of credit in an involuntary case	
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlie trustee or the order for relief. 11 U.S.C. § 507(a)(3).	r of the appointment of
☐ Wages, salaries, and commissions	
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qual representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).	
☐ Contributions to employee benefit plans	
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).	the cessation of busines
☐ Certain farmers and fishermen	
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).	
□ Deposits by individuals	
Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household delivered or provided. 11 U.S.C. § 507(a)(7).	d use, that were not
☐ Taxes and certain other debts owed to governmental units	
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).	
☐ Commitments to maintain the capital of an insured depository institution	
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Comptroller of the Currency of the Curre	Governors of the Federa
☐ Claims for death or personal injury while debtor was intoxicated	
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using another substance, 11 U.S.C. 8 507(a)(10)	alcohol, a drug, or

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

In re	Mary Frances Butler	Case No	_
		Debtor	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

 \square Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F

Check this box if debtor has no creditors holding unsecure	eu c	iaiii	is to report on this schedule F.				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu: H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	Q U I	DISPUTED	AMOUNT OF CLAIM
Account No.			Notice only	Τ̈́	D A T E D		
*Equifax Information Services LLC PO Box 740256 Atlanta, GA 30374		-			U		0.00
Account No.	┝	Н	Notice only	+	Н		
*Experian PO Box 2002 Allen, TX 75013		-					0.00
Account No.			Notice only		Н		
*FHA 451 7th Street SW Washington, DC 20410		-					0.00
Account No.			Notice only		Н		0.00
*George Conits U.S. Attorney General Office 55 Beattie Place, Suite 700 Greenville, SC 29601		_					0.00
4 continuation sheets attached	<u> </u>	ш	1	Subt	ш ota	1	0.00
4 continuation sheets attached			(Total of t	his 1	pag	e)	0.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Mary Frances Butler	Case No.	
-		Debtor	

	10		I I I W I I I I	10	1	I 5	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.			Notice only	Τ̈́	T		
*Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346		-			D		0.00
Account No.	f		Notice only		T		
*North Carolina Department of Revenue Angela C. Fountain Bankruptcy Manager Collections Examination Division P.O. Box 1168 Raleigh, NC 27602		-					0.00
Account No.	1		Notice only		T		
*South Carolina Attorney General Honorable Alan Wilson P.O. Box 11549 Columbia, SC 29211		-					0.00
Account No.	╁		Notice only				0.00
*South Carolina Department of Revenue P.O. Box 12265 Columbia, SC 29211		-					0.00
Account No.			Notice only				
*Trans Union Corporation PO Box 2000 Crum Lynne, PA 19022		_					0.00
Sheet no. 1 of 4 sheets attached to Schedule of				Sub	tota	ı ıl	2.55
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Mary Frances Butler	Case No.	
_		Debtor	

	_	1	L LWG Lid O	10	1	15	T
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	LIQUIDA		
Account No.	l		Notice only	Т	E		
*U.S. Department of Justice 950 Pennsylvanie Avenue, NW Washington, DC 20530-0001		-					0.00
Account No.	H		Notice only			\dagger	
*US Attorney For SC 1441 Main Street Columbia, SC 29201		_					0.00
Account No.	┢		Notice only	-			
*US Dept of Veterans Affairs P.O. Box 530269 Atlanta, GA 30353		_					0.00
Account No.	\vdash		Notice only			+	
*USDA P.O. Box 66827 Saint Louis, MO 63116		_					0.00
Account No.	\vdash		Notice only	+		\dagger	
*USDA Rural Development Centralized Servicing Center PO Box 66827 Saint Louis, MO 63166		_					0.00
Sheet no. 2 of 4 sheets attached to Schedule of	_			Sub	tot	 al	
Creditors Holding Unsecured Nonpriority Claims			(Total o				0.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Mary Frances Butler	Case No.	
-		Debtor	

	1 -				-		_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H W J C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED A CONSIDERATION FOR CLAIM. IF C IS SUBJECT TO SETOFF, SO STA	LAIM	CONTINGEN	DZL_QD_DAHE	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxxxx4334			Opened 2/01/13 Last Active 6/30/15		Т	T E		
Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130		-	Credit card purchases			D		2,623.00
Account No. xxxxxxxxxxx6439	t		Opened 6/01/14 Last Active 7/10/15					
Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130		-	Credit card purchases					2,530.00
Account No. xxxxxxxxxxxx0726	Ţ		Opened 5/01/15 Last Active 7/13/15					
Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130		-	Credit card purchases					1,997.00
Account No. xxxxxxxxxxxx6215	T		Opened 2/01/15 Last Active 6/30/15					
Comenity Bank/Catherines 4590 E Broad St Columbus, OH 43213		-	Credit card purchases					652.00
Account No. xxxxxxxxxxxx2424	t		Opened 2/01/13 Last Active 6/02/15					
Discover Po Box15316 Wilmington, DE 19850		-	Credit card purchases					11,860.00
Sheet no. 3 of 4 sheets attached to Schedule of						ota	- 1	19,662.00
Creditors Holding Unsecured Nonpriority Claims				(Total of th	nis j	pag	e)	19,002.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Mary Frances Butler	Case No.	
		Debtor	

		_			_	_	
CREDITOR'S NAME,	C O D	Hu	sband, Wife, Joint, or Community	C	U	P	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	DEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		UZLIQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxx6354			Opened 11/01/13 Last Active 7/01/15	Ť	T E		
Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051		-	Credit card purchases		D		318.00
Account No. xxxxxxxxxxxx5657	╀	┝	Opened 3/01/14 Last Active 6/01/15	+		╁	
Onemain Financial 6801 Colwell Blvd Irving, TX 75039		-	Personal Loan				
							19,051.00
Account No. xxxxa001	t	H	Medical Services	t		T	
Wesley A Reynolds CRNA PO Box 1903 Evans, GA 30809		-					
							810.00
Account No.							
Account No.							
Sheet no. <u>4</u> of <u>4</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Subt			20,179.00
Creditors froiding Onsecured ivoliphority Claims			(Total of		ota 'ota		
			(Report on Summary of S				39,841.00

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B6G (Official	Form	6G)	(12/07)
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In re	Mary Frances Butler		Case No.	
-		Debtor		

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 15-04200-jw Doc 1 Filed 08/06/15 Entered 08/06/15 17:46:06 Desc Main Document Page 25 of 58

B6H (Official Form 6H) (12/07)

In re	Mary Frances Butler	Case No
-	<u> </u>	

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR	
David Michael Brinkerhoff 2627 South Anderson Road Catawba, SC 29704	Southeast Toyota Finance PO Box 70832 Charlotte, NC 28272	
Morgan Lenora Brinkerhoff 2627 South Anderson Road Catawba, SC 29704	Southeast Toyota Finance PO Box 70832 Charlotte, NC 28272	

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Debtor 1							•			
Debtor 2 (Spouse, If filing) United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA Case number (If known) Check if this is: An amended filing A supplement showing post-petition chapte 13 income as of the following date: Official Form B 6 Schedule I: Your Income 12/ Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible fo supplying correct information. If you are separated and your spouse is not filling with you, on not include information about your spouse. If more space is needed attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every questive information. If you have more than one job, attach a separate page with information about additional employers. Occupation Debtor 1 Debtor 2 or non-filing spouse Employment status Include part-time, seasonal, or self-employed work. Occupation Data Quality Specialist Employer's name University Health Services, Inc. Employer's address 1350 Walton Way Augusta, GA 30901 How long employed there? 1997 Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space, Include your non-filing	Fill	in this information to identify your c	ase:							
United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA Case number (If known) Check if this is: An amended filing A supplement showing post-petition chapte 13 income as of the following date: MM / DD/YYYY Schedule I: Your Income 12/ Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed attach a separate sheet to this form. On the top of any additional pages, write your name and case number (If known). Answer every questing the properties of the following date: Part 1: Describe Employment If you have more than one job, attach a separate page with information. If you have more than one job, attach a separate page with information about additional employers. Occupation Data Quality Specialist Employer's name University Health Services, Inc. Employer's address or homemaker, if it applies. Employer's address Augusta, GA 30901 How long employed there? 1997 Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing	Deb	otor 1 Mary France:	s Butler			_				
Case number ((f known)) Check if this is: An amended filing A supplement showing post-petition chapte 13 income as of the following date: MM / DD/YYYY Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible fo supplying correct information. If you are separated and your spouse is not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space is needed attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every questive page with information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name University Health Services, Inc. Employer's address 1350 Walton Way Augusta, GA 30901 How long employed there? 1997 Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing						_				
Official Form B 6I Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing with you, do not include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question and the properties of the pr	Unit	ted States Bankruptcy Court for the	: DISTRICT OF SOUTH	H CAROLINA		_				
Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible fo supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space is needed ratach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation Data Quality Specialist Employer's name University Health Services, Inc. Employer's address 1350 Walton Way Augusta, GA 30901 How long employed there? 1997 Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing				-			☐ An amende☐ A suppleme	d filing ent showing post-petition c	hapter	
Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible fo supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question as exparate page with information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation Dettor 1 Debtor 2 or non-filing spouse Employed Not e	Of	fficial Form B 6I								
Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible fo supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If more space is needed attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question as exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question as exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question as exparate pages with information. If you have more than one job, attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation Occupation Employer's name Employer's name University Health Services, Inc. Employer's address or how long employed there? 1350 Walton Way Augusta, GA 30901 How long employed there? 1997 Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing			ome				MM / DD/ Y	YYY	12/13	
1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Debtor 1 Employed Not employed Data Quality Specialist University Health Services, Inc. Employer's name University Health Services, Inc. Employer's address or homemaker, if it applies. Employer's address or how long employed there? 1997 Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing	supį spoi attad	olying correct information. If you use. If you are separated and you ch a separate sheet to this form.	are married and not fill r spouse is not filing w	ng jointly, and your ith you, do not inclu	spouse ide infor	is liv mati	ring with you, incl on about your spo	lude information about youse. If more space is ne	our eeded,	
information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation Temployer's name Employer's name Employer's name University Health Services, Inc. Debtor 2 or non-filing spouse Employed □ Not employ										
attach a separate page with information about additional employers. Not employed Not employed	1.			Debtor 1			Debtor 2	or non-filing spouse		
information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Data Quality Specialist University Health Services, Inc. Employer's name 1350 Walton Way Augusta, GA 30901 How long employed there? 1997 Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing		attach a separate page with information about additional employers.	Employment status	_ ' '				_ ' '		
Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address or homemaker, if it applies. Employer's address address Augusta, GA 30901 How long employed there? 1350 Walton Way Augusta, GA 30901 How long employed there? 1997 Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing							⊔ Not er	☐ Not employed		
Self-employed work. Occupation may include student or homemaker, if it applies. Employer's address or homemaker, if it applies. How long employed there? 1350 Walton Way Augusta, GA 30901 How long employed there? 1997 Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing			Occupation	Data Quality Specialist						
or homemaker, if it applies. How long employed there? 1997 Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing			Employer's name	University Health	Service	es, I	nc.			
Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing			Employer's address							
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing			How long employed the	here? 1997					_	
	Par	t 2: Give Details About Mor	nthly Income							
			ate you file this form. If	you have nothing to i	eport for	any	line, write \$0 in the	space. Include your non-	filing	
If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.	•			ombine the information	on for all o	empl	oyers for that perso	on on the lines below. If yo	ou need	
For Debtor 1 For Debtor 2 or non-filing spouse							For Debtor 1			
List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 3,049.82 \$ N/A	2.				2.	\$	3,049.82	\$N/A_		
3. Estimate and list monthly overtime pay. 3. +\$ +\$ N/A	3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$ <u>N/A</u>		
4. Calculate gross Income. Add line 2 + line 3. 4. \$\\ \\$ \\ \ \\$ \\ \ \ \ \ \ \ \ \ \ \	4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	3,049.82	\$ <u>N/A</u>		

Official Form B 6I Schedule I: Your Income page 1

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Debt	or 1	Mary Frances Butler		Case r	umber (if known)		
				For	Debtor 1		ebtor 2 or ling spouse
	Cop	by line 4 here	4.	\$	3,049.82	\$	N/A
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	623.59	\$	N/A
	5b.	Mandatory contributions for retirement plans	5b.	\$	30.10	\$	N/A
	5c.	Voluntary contributions for retirement plans	5c.	\$	60.19	\$	N/A
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A
	5e.	Insurance	5e.	\$	365.86	\$	N/A
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A
	5g.	Union dues	5g.	\$	0.00	\$	N/A
	5h.	Other deductions. Specify: Medical Spending	_ 5h.+	\$	216.67	+ \$	N/A
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,296.41	\$	N/A
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,753.41	\$	N/A
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total					
		monthly net income.	8a.	\$	35.00	\$	N/A
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A
	8e.	Social Security	8e.	\$	0.00	\$	N/A
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/A
	8g.	Pension or retirement income	8g.	\$	1,518.45	\$	N/A
	8h.	Other monthly income. Specify: Tax Refund	8h.+	\$	94.83	+ \$	N/A
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,648.28	\$	N/A
10.	Cale	culate monthly income. Add line 7 + line 9.	10. \$	3	,401.69 + \$		N/A = \$ 3,401.69
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	-				
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen		•		hedule J. 11. +\$ 0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certailies					12. \$ 3,401.69 Combined
13.	Do :	you expect an increase or decrease within the year after you file this form? No.	?				monthly income
	_	Yes. Explain:					

Official Form B 6I Schedule I: Your Income page 2

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Fill	in this informa	ation to identify y	our case:						
Deb	tor 1	Mary Frances	s Butler		_		eck if this is:		
Deb	tor 2						•	wing post-petition chapter	
	ouse, if filing)							the following date:	
Unit	ed States Bankı	ruptcy Court for the	DISTRI	CT OF SOUTH CAROLIN	IA		MM / DD / YYYY		
Cas	e number					П	A separate filing fo	or Debtor 2 because Debto	r
	nown)						2 maintains a sepa		
		orm B 6J	_						
Sc	chedule	J: Your	Expen	ises				12/1	3
info	rmation. If n		eded, atta	If two married people a ch another sheet to this n.					
Par		ribe Your House	ehold						_
1.	Is this a joi								
	■ No. Go to	o line 2. es Debtor 2 live	in a separa	ate household?					
		lo							
	□ Y	es. Debtor 2 mu	st file a sep	arate Schedule J.					
2.	Do you hav	re dependents?	■ No						
	Do not list D and Debtor		☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?	
	Do not state							□ No	
	dependents	' names.						☐ Yes	
								□ No	
								☐ Yes ☐ No	
								□ No □ Yes	
					-			□ No	
								☐ Yes	
3.		penses include		No				_ 100	
		of people other t	han 🗖	Yes					
	yoursen an	d your depende	nts r						
Par		nate Your Ongoi							
exp		a date after the		uptcy filing date unless y y is filed. If this is a sup				apter 13 case to report of the form and fill in the	ı
• • •					.,				
the		h assistance an		government assistance ::luded it on <i>Schedule I:</i>			Your exp	enses	
		•							
4.		or home owners nd any rent for th		ses for your residence. r lot.	Include first mortgage	e 4.	\$	348.00	
	If not include	ded in line 4:							
		estate taxes				4a.		0.00	
		erty, homeowner'				4b.		0.00	
				ipkeep expenses		4c.		150.00	
5.		eowner's associa		dominium dues o ur residence, such as ho	ome equity loans	4d. 5.	·	0.00 0.00	
Ο.	, wantiviidi	v.tgage pavili	J. 101 VU	ar reciacites, such do III	Jino oquity louis	J.	~	v.vv	

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	y Frances Butler	Case num	ber (if known)	
Utilities:				
	tricity, heat, natural gas	6a.	\$	139.00
	er, sewer, garbage collection	6b.		50.25
	phone, cell phone, Internet, satellite, and cable services	6c.	·	90.95
		6d.		150.00
	r. Specify: Telecommunications		· .	
	housekeeping supplies	7.	· -	300.00
	and children's education costs	8.	· ·	0.00
	aundry, and dry cleaning	9.	·	100.00
	care products and services	10.	· ·	50.00
	nd dental expenses	11.	\$	50.00
	ation. Include gas, maintenance, bus or train fare.	40	Ф	230.00
	ude car payments.	12.	·	
	nent, clubs, recreation, newspapers, magazines, and books	13.	· -	50.00
. Charitable	contributions and religious donations	14.	\$	0.00
5. Insurance.				
	ude insurance deducted from your pay or included in lines 4 or 20.		_	
15a. Life i		15a.	· .	141.61
15b. Heal	th insurance	15b.	\$	0.00
15c. Vehic	cle insurance	15c.	\$	81.00
15d. Othe	r insurance. Specify:	15d.	\$	0.00
	not include taxes deducted from your pay or included in lines 4 or 20.	 -	-	
	/ehicle Taxes	16.	\$	20.00
Specify: F	Retirement tax		\$	167.28
	t or lease payments:		· -	
	payments for Vehicle 1	17a.	\$	0.00
	payments for Vehicle 2	17b.	\$	0.00
17c. Othe	er Chaoifie	17c.		0.00
17d. Othe		17d.		0.00
	nents of alimony, maintenance, and support that you did not repo		Ψ	0.00
deducted	from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 6	311 as	\$	0.00
Other navr	nents you make to support others who do not live with you.	,i).	\$	0.00
Specify:	nonto you make to support outers who do not live with you.	19.	Ψ	0.00
	property expenses not included in lines 4 or 5 of this form or on		our Incomo	
	gages on other property	20a.		0.00
	estate taxes	20b.		0.00
			·	
	erty, homeowner's, or renter's insurance	20c.		0.00
	tenance, repair, and upkeep expenses	20d.		0.00
	eowner's association or condominium dues	20e.	· 	0.00
 Other: Spe 	ecify:	21.	+\$	0.00
Vour mont	thly expenses. Add lines 4 through 21.	22.	\$	2,118.09
	is your monthly expenses.	22.	Ψ ———	۷,۱۱۵.۷۶
	your monthly net income.			
	y line 12 (your combined monthly income) from Schedule I.	23a.	¢	2 404 60
			· .	3,401.69
zou. Copy	y your monthly expenses from line 22 above.	23b.	-φ	2,118.09
220 Cubt	ract your monthly expenses from your monthly income			
	ract your monthly expenses from your monthly income. result is your monthly net income.	23c.	\$	1,283.60
ille	result is your monthly het mounie.	_30.	<u> </u>	,
4 Do vou ex	pect an increase or decrease in your expenses within the year af	ter you file this	s form?	
	, do you expect to finish paying for your car loan within the year or do you expect			or decrease because of a
For example,	to the terms of your mortgage?			
For example, modification	to the terms of your mortgage?			
For example,	to the terms of your mortgage?			

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B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court District of South Carolina

In re	Mary Frances Butler			Case No.						
			Debtor(s)	Chapter	13					
	DECLARATION CO									
	DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR									
	I declare under penalty of perjury the sheets, and that they are true and correct to the		es, consisting of <u>24</u>							
Date	August 6, 2015	Signature	/s/ Mary Frances Butler							
			Mary Frances Butler							
			Debtor							

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

United States Bankruptcy Court District of South Carolina

In re	Mary Frances Butler		Case No.	
		Debtor(s)	Chapter	13

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE
\$21,377.00 2015 YTD: University Health Services, Inc.
\$30,573.71 2014: University Health Services, Inc.
\$30,786.00 2013: University Health Services, Inc.

2. Income other than from employment or operation of business

None \square

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$12,147.60 2015 YTD: Retirement Income

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B7 (Official Form 7) (04/13)

2

AMOUNT SOURCE

\$24,381.00 2014: Retirement Income \$17,952.00 2013: Retirement Income

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF PAID OR
PAYMENTS/ VALUE OF AMOUNT STILL
TRANSFERS TRANSFERS OWING

NAME AND ADDRESS OF CREDITOR

_ ------

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATION STATUS OR DISPOSITION

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE O'Steen Law Firm, LLC P.O. Box 36534 Rock Hill, SC 29732 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR August 6, 2015 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$500.00 - includes cost (Attorney
fee \$0.00, filing fee \$310.00,
cc/de \$60.00, credit report
\$30.00, judgment search
\$100.00)

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10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

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15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL

SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF

GOVERNMENTAL UNIT DOCKET NUMBER STATUS OR DISPOSITION

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18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

BEGINNING AND NATURE OF BUSINESS ENDING DATES

NAME None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

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20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

NT.... 1 T.

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21 . Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

None

ADDRESS

DATE OF WITHDRAWAL

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date August 6, 2015

Signature /s/ Mary Frances Butler

Mary Frances Butler

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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United States Bankruptcy Court District of South Carolina

In r	re Mary Frances Butler		Case No.	
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMP	PENSATION OF ATTORN	EY FOR DE	EBTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplation	filing of the petition in bankruptcy, or	agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	3,500.00
	Prior to the filing of this statement I have receive	red	\$	0.00
	Balance Due		\$	3,500.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed co	ompensation with any other person unl	less they are mem	bers and associates of my law firm.
	☐ I have agreed to share the above-disclosed comp- copy of the agreement, together with a list of the	ensation with a person or persons who names of the people sharing in the cor	are not members mpensation is atta	or associates of my law firm. A ached.
5.	In return for the above-disclosed fee, I have agreed t	o render legal service for all aspects of	f the bankruptcy c	ease, including:
	 a. Analysis of the debtor's financial situation, and re b. Preparation and filing of any petition, schedules, c. Representation of the debtor at the meeting of cre d. [Other provisions as needed] Only those acts sepcifically set forth in treaffirmation agreements and application for avoidance of liens on household goo 	statement of affairs and plan which ma editors and confirmation hearing, and a the contract between Debtor(s) and on as needed; preparation and filing	ay be required; any adjourned hea d attorney. Prep	urings thereof;
6.	By agreement with the debtor(s), the above-disclosed Representation of the debtors in any disconter adversary proceeding, and any action Statement is a fee agreement between charges for matters listed in the Fee Agreement.	I fee does not include the following se schargeability actions, judicial lien at not included in the contact betwee the debtor and the attorney as con	avoidances, reli een Debtor(s) ar ntemplated in Op	nd attorney. Attached to this perating order 07-12. Additional
		CERTIFICATION		
this	I certify that the foregoing is a complete statement of bankruptcy proceeding.	any agreement or arrangement for pay	yment to me for re	epresentation of the debtor(s) in
Date	ed: August 6, 2015	/s/ F. Lee O'Steen		
		F. Lee O'Steen	0	
		O'Steen Law Firm, LL P.O. Box 36534	_C	
		Rock Hill, SC 29732		_
		(803) 327-5300 Fax: lee@osteenlawfirm.c)
		icc@osicciliawillill.c	OIII	

UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy forms.html#procedure.

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B 201B (Form 201B) (12/09)

United States Bankruntcy Court

	Unit	icu States Danki upicy Co	uit	
		District of South Carolina		
In re	Mary Frances Butler		Case No.	
		Debtor(s)	Chapter	13
		OF NOTICE TO CONSUN 2(b) OF THE BANKRUPT	•	S)
Code.	I (We), the debtor(s), affirm that I (we) have	Certification of Debtor we received and read the attached n	otice, as required by	§ 342(b) of the Bankruptcy
Mary F	Frances Butler	X /s/ Mary Franc	es Butler	August 6, 2015
Printe	d Name(s) of Debtor(s)	Signature of D	ebtor	Date
Case N	No. (if known)	X		
		Signature of Jo	oint Debtor (if any)	Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

United States Bankruptcy Court District of South Carolina

In re	Mary Frances Butler		Case No.	
		Debtor(s)	Chapter	13

CERTIFICATION VERIFYING CREDITOR MATRIX

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

		, , ,
	Master mailing list of creditors submitted via	a:
	(a) computer diskette	
	(b) scannable hard copy (number of sheets submitted	
	(c) X electronic version filed	l via CM/ECF
Date:	August 6, 2015	/s/ Mary Frances Butler
	·	Mary Frances Butler
		Signature of Debtor
Date:	August 6, 2015	/s/ F. Lee O'Steen
		Signature of Attorney
		F. Lee O'Steen
		O'Steen Law Firm, LLC
		P.O. Box 36534
		Rock Hill, SC 29732
		_(803) 327-5300 Fax: (803) 327-5250
		Typed/Printed Name/Address/Telephone
		08032
		District Court I.D. Number

*EQUIFAX INFORMATION SERVICES LLC PO BOX 740256 ATLANTA GA 30374

*EXPERIAN PO BOX 2002 ALLEN TX 75013

*FHA 451 7TH STREET SW WASHINGTON DC 20410

*GEORGE CONITS U.S. ATTORNEY GENERAL OFFICE 55 BEATTIE PLACE, SUITE 700 GREENVILLE SC 29601

*INTERNAL REVENUE SERVICE CENTRALIZED INSOLVENCY OPERATIONS P.O. BOX 7346 PHILADELPHIA PA 19101-7346

*NORTH CAROLINA DEPARTMENT OF REVENUE ANGELA C. FOUNTAIN BANKRUPTCY MANAGER COLLECTIONS EXAMINATION DIVISION P.O. BOX 1168
RALEIGH NC 27602

*SOUTH CAROLINA ATTORNEY GENERAL HONORABLE ALAN WILSON P.O. BOX 11549 COLUMBIA SC 29211

*SOUTH CAROLINA DEPARTMENT OF REVENUE P.O. BOX 12265 COLUMBIA SC 29211

*TRANS UNION CORPORATION PO BOX 2000 CRUM LYNNE PA 19022

*U.S. DEPARTMENT OF JUSTICE 950 PENNSYLVANIE AVENUE, NW WASHINGTON DC 20530-0001

*US ATTORNEY FOR SC 1441 MAIN STREET COLUMBIA SC 29201

*US DEPT OF VETERANS AFFAIRS P.O. BOX 530269 ATLANTA GA 30353

*USDA P.O. BOX 66827 SAINT LOUIS MO 63116

*USDA RURAL DEVELOPMENT CENTRALIZED SERVICING CENTER PO BOX 66827 SAINT LOUIS MO 63166

CAPITAL ONE ATTN: BANKRUPTCY PO BOX 30285 SALT LAKE CITY UT 84130

CAPITAL ONE 15000 CAPITAL ONE DR RICHMOND VA 23238

CAPITAL ONE PO BOX 71083 CHARLOTTE NC 28272

COMENITY BANK/CATHERINES 4590 E BROAD ST COLUMBUS OH 43213

DAVID MICHAEL BRINKERHOFF 2627 SOUTH ANDERSON ROAD CATAWBA SC 29704

DISCOVER
PO BOX15316
WILMINGTON DE 19850

KOHLS/CAPONE N56 W 17000 RIDGEWOOD DR MENOMONEE FALLS WI 53051 MORGAN LENORA BRINKERHOFF 2627 SOUTH ANDERSON ROAD CATAWBA SC 29704

ONEMAIN FINANCIAL 6801 COLWELL BLVD IRVING TX 75039

SOUTHEAST TOYOTA FINANCE PO BOX 70832 CHARLOTTE NC 28272

SPRINGLEAF FINANCIAL 2406 WHISKEY RD AIKEN SC 29803

SUNTRUST MORTGAGE ATTN:BANKRUPTCY DEPT PO BOX 85092 MC VA-WMRK-7952 RICHMOND VA 23286

SUNTRUST MORTGAGE/CC 5 1001 SEMMES AVE RICHMOND VA 23224

WESLEY A REYNOLDS CRNA PO BOX 1903 EVANS GA 30809

Fill in this information to identify your case:
Debtor 1 Mary Frances Butler
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court for the: District of South Carolina
Case number (if known)

Chec	k as directed in lines 17 and 21:
	ording to the calculations required by this tement:
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
•	Disposable income is determined under 11 U.S.C. § 1325(b)(3).
	3. The commitment period is 3 years.
•	4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 22C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A. lines 2-11.
 - ☐ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents,	3,049.27	Column B Debtor 2 or non-filing spouse \$
all payroll deductions). 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents,		*
 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, 	0.00	\$
of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents,		
and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	0.00	\$
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions) \$0.00		
Ordinary and necessary operating expenses -\$0.00		
Net monthly income from a business, profession, or farm \$0.00 Copy here -> \$	0.00	\$
6. Net income from rental and other real property Gross receipts (before all deductions) Ordinary and necessary operating expenses \$ 0.00 \\ 0.00		
Net monthly income from rental or other real property \$0.00 Copy here -> \$	0.00	\$

Official Form 22C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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7. Interest, dividends, and royalties \$\begin{array}{cccccccccccccccccccccccccccccccccccc	nn B or 2 or iling spouse
7. Interest, dividends, and royalties	
9. Unampleyment componentian	
8. Unemployment compensation \$ \$	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:	
For you \$ 0.00 For your spouse \$	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. \$ 1,518.45 \$	
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.	
10a \$0.00 \$	
10b \$0.00 \$	
10c. Total amounts from separate pages, if any. + \$ 0.00 \$	
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. \$ 4,567.72	
Part 2: Determine How to Measure Your Deductions from Income	Total average monthly income
 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 on line 3d. 	\$ 4,567.72
☐ You are married and your spouse is filing with you. Fill in 0 in line 13d.	
You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expedendents, such as payment of the spouse's tax liability or the spouse's support of someone other than you In lines 13a-c, specify the basis for excluding this income and the amount of income devoted to each purpose	or your dependents.
adjustments on a separate page.	. If thecessary, list additional
If this adjustment does not apply, enter 0 on line 13d.	
13a \$	
13b \$ 13c. +s	
13c	
13d. Total \$ Copy here=	> 13d 0.00
14. Your current monthly income. Subtract line 13d from line 12.	14. \$ 4,567.72
15. Calculate your current monthly income for the year. Follow these steps:	
15a. Copy line 14 here=>	15a. _{\$ 4,567.72}
Multiply line 15a by 12 (the number of months in a year).	x 12
15b. The result is your current monthly income for the year for this part of the form.	15b. \$ 54,812.64

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Debte	or 1	Mary Frances Butler		Case number (if known)			
16	Cald	ulate the median family income that applies to you. F	•				
	16a	Fill in the state in which you live.	SC				
	16b	Fill in the number of people in your household.	1				
	16c.	Fill in the median family income for your state and size of	of household.		16c.	\$	40,632.00
		To find a list of applicable median income amounts, go of instructions for this form. This list may also be available					
17	Hov	do the lines compare?					
	17a.	☐ Line 15b is less than or equal to line 16c. On the 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fi					determined under
	17b.	Line 15b is more than line 16c. On the top of page 1325(b)(3). Go to Part 3 and fill out Calculation current monthly income from line 14 above.					
Par	t 3:	Calculate Your Commitment Period Under 11 U.S.C). §1325(b)(4)				
18.	Сор	y your total average monthly income from line 11 .			18. \$	§	4,567.72
	Ded	uct the marital adjustment if it applies. If you are marrend that calculating the commitment period under 11 U.S se's income, copy the amount from line 13d.	ied, your spouse is	not filing with you, and you			
	If the	e marital adjustment does not apply, fill in 0 on line 19a.			19a. - 9	ß	0.00
	Sub	tract line 19a from line 18.			19b.	\$	4,567.72
20	0-1	ulata va un aumant mantible in a constant de des va an Fall					
20.		ulate your current monthly income for the year. Follo			20a.	œ.	4,567.72
	20a.	Copy line 19b			20a.	۵	
		Multiply by 12 (the number of months in a year).				X	12
	20b	The result is your current monthly income for the year for	or this part of the for	m	20b.	\$	54,812.64
	20c.	Copy the median family income for your state and size of	of household from lin	ne 16c		\$_	40,632.00
	21.	How do the lines compare?					
		☐ Line 20b is less than line 20c. Unless otherwise ord period is 3 years. Go to Part 4.	dered by the court, o	on the top of page 1 of this form	n, check	box 3,	The commitment
		■ Line 20b is more than or equal to line 20c. Unless of commitment period is 5 years. Go to Part 4.	otherwise ordered b	y the court, on the top of page	1 of this	form, cl	heck box 4, The
Par	4.	Sign Below					
		igning here, under penalty of perjury I declare that the inf	formation on this sta	atement and in any attachments	s is true	and cor	rect.
	, Icl	Many Frances Butter					
		Mary Frances Butler ry Frances Butler					
		nature of Debtor 1					
	Date	August 6, 2015 MM / DD / YYYY					
	If vo	u checked 17a, do NOT fill out or file Form 22C-2.					
	•	u checked 17b, fill out Form 22C-2 and file it with this for	m. On line 39 of tha	t form, copy your current month	nly incon	ne from	line 14 above.

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						_				
Fill	in t	his information to	identify your ca	se:						
Del	otor	1 Mary Fran	ces Butler							
	otor 2	2 e, if filing)								
Uni	ted S	States Bankruptcy C	ourt for the: Dis	trict of South Car	olina					
	se nu	umber n)					☐ Check if t	his is an amer	ıded filir	ng
		Form 22C-2 oter 13 Calo	culation o	f Your Di	sposable	Income				12/14
		ut this form, you wi ment Period (Offici		pleted copy of	Chapter 13 State	ment of Your Curre	ent Monthly inc	ome and Calcu	lation o	f
spa	ce is	omplete and accura needed, attach a s al pages, write you —	separate sheet to	this form, Inclu	ide the line numb					
Par	t 1:	Calculate Your	Deductions from	n Your Income						
t iii e 2	he q nfor Dedu exper 22C-	nternal Revenue S uestions in lines 6 mation may also be ct the expense amonses if they are high 1, and do not deduct ar expenses differ from	-15. To find the less available at the unts set out in line er than the standat any amounts the	RS standards, g bankruptcy clei es 6-15 regardles ards. Do not inclu at you subtracted	o online using the order of the control of the cont	e link specified in opense. In later part expenses that you s	s of the form, you	ou will use some	of your a	n. This actual
	•	Line numbers 1-4 a			•	ormation required b	v a similar form	used in chanter	7 cases	
		The number of peo			,	•	y a sirmar romi	asea in onapter	r cases.	
		Fill in the number of plus the number of a the number of peopl	people who could	I be claimed as e endents whom yo	exemptions on you	r federal income tax		1		
N	Natic	onal Standards	You must us	se the IRS Nation	al Standards to ar	nswer the questions	in lines 6-7.			
6		Food, clothing, and Standards, fill in the				red in line 5 and the	e IRS National	\$		585.00
7		Out-of-pocket heal the dollar amount fo people who are 65 c higher than this IRS	r out-of-pocket he r olderbecause	alth care. The nu older people have	ımber of people is e a higher IRS allo	split into two catego wance for health ca	oriespeople wh	o are under 65	and	

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Debtor 1 N	Mary Frances Butler	Case number (if known)	
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People v	who are under 65 years of age						
7a.	Out-of-pocket health care allowance per person	\$	60				
7b.	Number of people who are under 65	x	1				
7c.	Subtotal. Multiply line 7a by line 7b.	\$6	0.00	Copy line 7c here	e=> \$	60.00	
People	who are 65 years of age or older						
7d.	Out-of-pocket health care allowance per person	\$	144				
7e.	Number of people who are 65 or older	x	0				
7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy line 7f here	e=> \$ <u> </u>	0.00	
7g.	Total. Add line 7c and line 7f		\$	60.00	Copy to	tal here=> 7g	g. \$ 60.00
Local Si	tandards You must use the IRS Local Standards t	o answer the	questions	in lines 8-15.			
	on information from the IRS, the U.S. Trustee Pro	gram has div	ided the II	RS Local Stand	dard for hou	using for	
housing -							
To answ separate 8. Hoo fill i	wer the questions in lines 8-9, use the U.S. Truste e instructions for this form. This chart may also be using and utilities - Insurance and operating expo in the dollar amount listed for your county for insuran using and utilities - Mortgage or rent expenses:	e available a enses: Using	at the bank the numbe	kruptcy clerk's er of people you	office.		specified in the 449.00
To answ separate 8. Hoo fill i	e instructions for this form. This chart may also busing and utilities - Insurance and operating exponent the dollar amount listed for your county for insuran	e available a enses: Using ce and operat fill in the dollar	at the bank the numbe ting expens	kruptcy clerk's er of people you	office.	ine 5,	
To answ separate 8. Hor fill i 9. Hor	e instructions for this form. This chart may also busing and utilities - Insurance and operating export the dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, 1	e available a enses: Using ce and operat fill in the dollar s.	at the bank the number ting expense r amount	kruptcy clerk's er of people you ses.	office. entered in I	ine 5, \$_	
To answ separate 8. Hor fill i 9. Hor	e instructions for this form. This chart may also busing and utilities - Insurance and operating export the dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, to listed for your county for mortgage or rent expenses.	pe available a senses: Using ce and operate ill in the dollars. and other debtd all amounts and all amounts	at the bank the number ting expense r amount ts secured s that are	kruptcy clerk's er of people you ses.	office. entered in I	ine 5, \$_	
To answ separate 8. Hor fill i 9. Hor	e instructions for this form. This chart may also busing and utilities - Insurance and operating exponente dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, to listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at To calculate the total average monthly payment, and contractually due to each secured creditor in the 60.	pe available a enses: Using ce and operat fill in the dollar s. and other debt dd all amounts o months after	at the bank the number ting expense r amount ts secured s that are r you file	kruptcy clerk's er of people you ses.	office. entered in I	ine 5, \$_	
To answ separate 8. Hor fill i 9. Hor	e instructions for this form. This chart may also busing and utilities - Insurance and operating exponenthe dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, to listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.	pe available a senses: Using ce and operate fill in the dollar s. and other debt dd all amounts of months after Averag	at the bank the number ting expense r amount ts secured s that are r you file	kruptcy clerk's er of people you ses. by your home.	office. entered in I	ine 5, \$_	
To answ separate 8. Hor fill i 9. Hor	e instructions for this form. This chart may also busing and utilities - Insurance and operating exponent the dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60. Name of the creditor	pe available a senses: Using ce and operate ill in the dollar s. and other debt dd all amounts of months after paymer	at the bank the number ting expense r amount tts secured is that are r you file	er of people you ses. by your home.	office. entered in I	ine 5, \$_	
To answ separate 8. Hor fill i 9. Hor	e instructions for this form. This chart may also busing and utilities - Insurance and operating exponenthe dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, to listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at To calculate the total average monthly payment, accontractually due to each secured creditor in the 6th for bankruptcy. Next divide by 60. Name of the creditor Southeast Toyota Finance	pe available a senses: Using ce and operate iill in the dollar s. and other debt dd all amounts of months after paymer s	the bank the number ting expense r amount ts secured s that are r you file le monthly nt	by your home. Copy line	office. entered in I	ine 5, \$_	449.00 Repeat this amount
To answ separate 8. Hoo fill i 9. Hoo 9a.	e instructions for this form. This chart may also busing and utilities - Insurance and operating exponent the dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, the listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at Total average monthly payment, accontractually due to each secured creditor in the 6th for bankruptcy. Next divide by 60. Name of the creditor Southeast Toyota Finance Suntrust Mortgage	pe available a senses: Using ce and operate iill in the dollar s. and other debt dd all amounts of months after symmetry	r amount ts secured s that are r you file the monthly nt 138.3	by your home. Copy line	office. entered in I	682.00	449.00 Repeat this amount
To answ separate 8. Hoo fill i 9. Hoo 9a.	e instructions for this form. This chart may also busing and utilities - Insurance and operating exponent the dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, the listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at Total average monthly payment, accontractually due to each secured creditor in the 6th for bankruptcy. Next divide by 60. Name of the creditor Southeast Toyota Finance Suntrust Mortgage 9b. Total average monthly payment	pe available a senses: Using ce and operation operation in the dollar sense and other debt dd all amounts of months after sense sens	r amount ts secured s that are r you file te monthly nt 138.3 486.3	by your home. Copy line	office. entered in I	682.00 682.00 Copy	Repeat this amount on line 33a.
To answer separate 8. Hoo fill i 9. Hoo 9a. 9b.	e instructions for this form. This chart may also busing and utilities - Insurance and operating exponent the dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, the listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at Total average monthly payment for all mortgages at Total calculate the total average monthly payment, accontractually due to each secured creditor in the 6th for bankruptcy. Next divide by 60. Name of the creditor Southeast Toyota Finance Suntrust Mortgage 9b. Total average monthly payment Net mortgage or rent expense. Subtract line 9b (total average monthly payment) for	pe available a senses: Using ce and operation of the IRS Land	r amount ts secured s that are r you file te monthly nt 138.3 348.4	struptcy clerk's er of people you ses. by your home. Copy line 9b here=>	ss	682.00 486.39 Copy line 9c here=>	Repeat this amount on line 33a.

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Case number (if known)

11.	11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.							
	□ 0. 0	Go to line 14.						
	1 . 0	Go to line 12.						
	□ 2 or	more. Go to line 12.						
12.		e operation expense: Using the IRS Local Standards ng expenses, fill in the Operating Costs that apply for y						244.00
13.	You m	e ownership or lease expense: Using the IRS Local ay not claim the expense if you do not make any loan than two vehicles.	,		•		•	
Ve	hicle 1	Describe Vehicle 1:						
13a.	. Owner	ship or leasing costs using IRS Local Standard		13a.	\$	0.00		
13b	. Averag	ge monthly payment for all debts secured by Vehicle 1.						
	Do not	include costs for leased vehicles.						
	are cor	culate the average monthly payment here and on line 1 ntractually due to each secured creditor in the 60 mont ptcy. Then dived by 60.						
	N	ame of each creditor for Vehicle 1	Average month payment	nly				
	-1	NONE-	\$					
				Copy 13b here =>	-\$		Repeat this amount on line 33b.	
13c.	Net Ve	hicle 1 ownership or lease expense					Copy net Vehicle 1	
	Subtra	ct line 13b from line 13a. if this amount is less than \$0,	, enter \$0.	13c.	\$	0.00	expense here => \$	0.00
Ve	hicle 2	Describe Vehicle 2:						
13d	. Owner	ship or leasing costs using IRS Local Standard		13d.	\$	0.00		
13e	_	e monthly payment for all debts secured by Vehicle 2. vehicles.	Do not include c	osts for				
	N	ame of each creditor for Vehicle 2	Average month payment	nly				
			\$					
				Copy 13e here =>	-\$	0.00		
13f.		hicle 2 ownership or lease expense					Copy net Vehicle 2	
	Subtra	ct line 13e from line 13d. if this number is less than \$0.	, enter \$0.	13f.	\$	0.00	expense here => \$	0.00
14.		transportation expense: If you claimed 0 vehicles in portation expense allowance regardless of whether you			Lal Standards, f	ill in the	 <i>Public</i> \$	0.00
15.	also de	onal public transportation expense: If you claimed 1 educt a public transportation expense, you may fill in wim more than the IRS Local Standard for <i>Public Transp</i>	hat you believe is					0.00

Mary Frances Butler

Debtor 1

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Debtor 1 Mary Frances Butler Case number (if known)

Oth	Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.								
16.	Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.	\$	623.59						
17.	Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement								
	contributions, union dues, and uniform costs.	•	0.00						
	Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$ <u> </u>	0.00						
18.	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.	\$	79.13						
19.	Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.								
	Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00						
20.	Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or	\$	0.00						
•	for your physically or mentally challenged dependent child if no public education is available for similar services.	Ψ	0.00						
21.	Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.	\$	0.00						
00	Do not include payments for any elementary or secondary school education.	Ť —							
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.								
	Payments for health insurance or health savings accounts should be listed only in line 25.	\$	0.00						
23.	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted.								
24.	Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.	\$	2,386.33						
Ado	Additional Expense Deductions These are additional deductions allowed by the Means Test.								
Auc	Note: Do not include any expense allowances listed in lines 6-24.								
25.	25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.								
	Health insurance \$ 137.43								
	Disability insurance \$ 6.22								
	Health savings account + \$ 216.67								
	Total \$ 360.32 Copy total here=>	\$	360.32						
	Do you actually spend this total amount? No. How much do you actually spend?								
	Yes \$								
26.	Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$	0.00						
27.	Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		2.22						
	By law, the court must keep the nature of these expenses confidential.	\$ <u> </u>	0.00						

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ebtor 1	Mary Frances Butler		Case number (if	known)				
	Additional home energy costs. Your hom allowance on line 8.	e energy costs are included in your r	on-mortgage hou	sing a	nd utilit	ies		
	If you believe that you have home energy conon-mortgage housing and utilities allowand				e			
	You must give your case trustee document amount claimed is reasonable and necessary		ou must show that	the ac	dditiona	al	\$_	0.00
	Education expenses for dependent child \$156.25* per child) that you pay for your de public elementary or secondary school.	Iren who are younger than 18. The pendent children who are younger th	monthly expenses an 18 years old to	s (not i	more th d a priv	nan vate or		
	You must give your case trustee document claimed is reasonable and necessary and n			hy the	amoun	nt		
	* Subject to adjustment on 4/01/16, and eve	ery 3 years after that for cases begun	on or after the da	ate of a	adjustm	nent.	\$_	0.00
	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.							
	To find a chart showing the maximum addit instructions for this form. This chart may also			e sepa	rate			
	You must show that the additional amount of	claimed is reasonable and necessary	' .				\$_	0.0
	Continuing charitable contributions. The instruments to a religious or charitable organization.			of cas	sh or fir	nancial	\$_	0.0
	Add all of the additional expense deductions Add lines 25 through 31.						\$	360.32
Dedu	uctions for Debt Payment							
	or debts that are secured by an interest pans, and other secured debt, fill in lines		g home mortgage	es, vel	nicle			
Т	o calculate the total average monthly paym reditor in the 60 months after you file for ba	ent, add all amounts that are contrac	tually due to each	secur	red			
	Mortgages on your home						Avera	age monthly
33a.	Copy line 9b here					=>	\$	486.39
	Loans on your first two vehicles							
33b.	Copy line 13b here					=>	\$	0.00
33c.	Copy line 13e here					=>	\$	0.00
Nam	e of each creditor for other secured debt			Doe	es payn ude tax nsurand	es		
					No			
33d.	-NONE-				Yes		\$	
							· —	
					No			
33e.					Yes		\$	
				_				
					No			
33f.					Yes	+	\$	
33g.	Total average monthly payment. Add lines	s 33a through 33f	\$	48	6.39	Copy total		486.39
J	- ,, ,							

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Mary Frances Butler Debtor 1 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount -NONE-Copy total 0.00 0.00 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 0.00 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total here=> Average monthly administrative expense 486.39 37. Add all of the deductions for debt payment. Add lines 33g through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 2,386.33 expense allowances Copy line 32, All of the additional expense deductions 360.32 Copy line 37, All of the deductions for debt payment 486.39 3,233.04 3,233.04 Total deductions Copy total here=>

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Debtor 1 Mary Frances Butler	ary Frances Butler				Case number (if known)					
Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)										
39. Copy your total current monthly Statement of Your Current Mont	22C-1, Co	napter 13 ment Period			\$	4,567.72				
40. Fill in any reasonably necessary children. The monthly average of disability payments for a depender received in accordance with applic necessary to be expended for suc	rincome you receive for supp any child support payments, font that child, reported in Part I of Fo table nonbankruptcy law to the	port for de oster care p rm 22C-1,	pendent ayments, or that you	\$		0.00				
41. Fill in all qualified retirement de employer withheld from wages as in 11 U.S.C. § 541(b)(7) plus all re specified in 11 U.S.C. § 362(b)(19	contributions for qualified retire quired repayments of loans fro	ment plan	s, as specified	d \$	90).29				
42. Total of all deductions allowed to	ınder 11 U.S.C. § 707(b)(2)(A)	. Copy line	38 here=	> \$	3,233	3.04				
43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.										
Describe the special circumstances		Am	ount of expe	ense						
43a		\$								
43b		\$			-					
43c		\$			•					
43d. Total. Add lines 43a through 4	3c	\$	0.00		py 43d re=> \$	0.00				
44. Total adjustments. Add lines 40 to		=>	\$	3,323.33	Copy total here=> -\$	3,323.33				
45. Calculate your monthly disposa	2). Subtract	line 44 from	line 3	9.	\$	1,244.39				
Part 3: Change in Income or Expe	nses									
46. Change in income or expenses. If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.										
Form Line Reason for o	change	ı	ate of change		Increase or decrease?	Amount of	change			
☐ 22C-1 ☐ 22C-2 ☐ 22C-1 ☐ 22C-2 ☐ 22C-1 ☐ 22C-2 ☐ 22C-1					☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase ☐ Increase ☐ Decrease	\$ \$				
□ 22C-1 □ 22C-2				_	☐ Increase ☐ Decrease	\$				

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Debtor 1	Mary Frances Butler	Case number (if known)
Part 4:	Sign Below	
E	By signing here, under penalty of perjury you declare that the	information on this statement and in any attachments is true and correct.
Х	/s/ Mary Frances Butler	
	Mary Frances Butler	_
	Signature of Debtor 1	
Date	August 6, 2015	
	MM / DD / YYYY	

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Debtor 1 Mary Frances Butler Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 02/01/2015 to 07/31/2015.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: University Health Services, Inc.

Year-to-Date Income:

Starting Year-to-Date Income: \$3,081.16 from check dated 1/31/2015. Ending Year-to-Date Income: \$21,376.80 from check dated 7/31/2015.

Income for six-month period (Ending-Starting): \$18,295.64.

Average Monthly Income: \$3,049.27.

Line 9 - Pension and retirement income

Source of Income: Retirement

Constant income of \$1,518.45 per month.